

clusions for all examinations should be placed in the patient's chart. Nothing in this provision should preclude additional study and interpretations by qualified attending physicians on the staff.

2. The physician-roentgenologist should be preferably one who is a diplomate of the American Board of Radiology or a physician whose qualification are acceptable to the Council on Medical Education and Hospitals of the American Medical Association.

3. It shall not be the policy of the hospital to make a profit from the department of radiology.

VI. *Anesthesia*.—The anesthesia service should be under the direction of competent medical personnel whenever possible. If a qualified specialist in anesthesiology is not available, supervision may be assigned to some member of the staff who has had special training in this field or to a nurse anesthetist whose qualifications are acceptable.

VII. *Nursing Service*.—1. A competent nursing service should be provided, adequate for complete coverage for both day and night periods, and for surgical and obstetric supervision. All nursing should be supervised by registered graduates. Hospitals that do general surgery should have a trained operating-room nurse.

2. Dietetics. The services of one or more graduate dietitians, as may be required, should be available for supervision of regular and special food services. Where graduates cannot be employed, these functions should be assumed by some competent person.

VIII. *Pharmacy*.—The handling of drugs should be properly supervised and should comply with all the legal regulations. Accurate records should be maintained. A qualified person should be placed in charge, preferably a graduate pharmacist; whatever arrangement is made, all prescriptions should be filled by a graduate pharmacist.

IX. *Medical Records*.—1. An adequate record system should be maintained in all departments. No certain forms are recommended since requirements vary greatly according to the size and type of hospital. Samples of suitable forms for all departments may be readily obtained from publishers of hospital records.

2. Case histories and physical examinations should be recorded immediately following the patient's admission. In no case should it be longer than twenty-four hours after admission. The history, physical examination, routine laboratory work, and provisional diagnosis should be recorded before an operation except in emergencies. The attending physician is directly responsible for the accuracy and completeness of case records, whether prepared by him or by another.

3. The usual case record consists of identification data, chief complaint, past medical history, family history, history of present illness, physical examination, provisional diagnosis; special reports such as consultations, clinical laboratory, pathology, x-ray, and the like; medical or surgical treatment, progress notes, final diagnosis, condition on discharge, and follow-up records; autopsy report when available.

4. No case record should be filed until it is complete and then only after it has been reviewed and signed by the attending physician.

5. Monthly and annual analyses of hospital service should be made in order that the staff may be in a position to improve its service.

X. *Ethics*.—In order that a hospital may be eligible for registration, it will, of course, be expected that the staff and management conform to the principles of medical ethics of the American Medical Association with regard to advertising, commissions, division of fees, secret remedies, extravagant claims, overcommercialization, and in all other respects.

For additional information, write to Council on Medical Education and Hospitals, 535 North Dearborn Street, Chicago.

"PHYSIOLOGICAL FACTORS IN ACCIDENT PREVENTION"*

It is surprising how well the public has taken to the driving of automobiles. The physical and mental examinations given are very superficial in type, and thoroughly inadequate. This must be stepped up some, but within the limits of being practical and not debarring the great masses of people from buying cars, enjoying their pleasure, or interfering with the business of automobile manufacture and sale.

Locomotive engineers practice for years as firemen before being put upon a passenger engine and then operate over private rights of way. But drivers of motor vehicles possess little or no previous training in safe use of a motor car.

No individual should receive his first license after sixty years of age. This should not be construed as limiting people over sixty years of age from driving, provided they have driven before. Just as learning to swim and ride a bicycle in childhood becomes second nature, so does driving, irrespective of age of the individual.

Health examinations should not be too strict, and a great deal of discretion must be allowed, as many an individual who is either deaf or has marked diminution of vision may, nevertheless, be a safe driver.

What must be emphasized is one's judgment of distance, color sense, and his peripheral vision.

Certain heart conditions, tendency toward apoplexy, marked high blood pressure, deformities, excessive use of intoxicating liquors, must be taken into account.

Vitamin A deficiency can be definitely determined by the biophotometer. Thus, individuals unusually sensitive to bright glare, or with insufficient vision at night, can be treated, overcoming this trouble.

Polaroid lenses will soon be used in the headlights of all cars, while the drivers will either wear polaroid glasses at the opposite axis, or have a polaroid strip which they can pull down over the windshield; thus the horizontal rays in one will be neutralized by the vertical rays in the other, and under these conditions strong headlights, 100 candle power or more, can be used with safety.

Highway patrolmen should not only have headlight and brake inspection, but should examine drivers relative to their remembrance of the road regulations and traffic signals.

Highway patrolmen are the finest body of officers in the country. Can be likened to the Canadian Mounted and the Texas Rangers. They are far too few in number. The state should have a minimum of 2,500 to take care of vacations, sickness, and extra night work, in order effectively to patrol the highways and furnish the maximum traffic safety control.

CALIFORNIA PHYSICIANS' SERVICE†

DR. RAY LYMAN WILBUR, *President*

A service organization of the physicians of California, offers complete medical and surgical care; and Associated Hospital Service of Southern California, Insurance Association of Approved Hospitals, and Intercoast Hospitalization Insurance Association offer hospitalization. All for a small monthly fee.

A small monthly payment will keep your doctors' and hospitals' bills within your budget.

* Highlights of address delivered at California Safety Council Conference on July 25, 1939, at the Biltmore Hotel, Los Angeles, by Walter Scott Franklin, M. D., Vice-President of the California Safety Council.

From the California Safety Council, 427 West Fifth Street, Los Angeles, and 1 Drumm Street, San Francisco.

† Text here given is a reprint of an eight-page folder received from California Physicians' Service on August 9, 1939.

For other information concerning California Physicians' Service, see on pages 184-186.